

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for instructions.
Please Type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002301**

GENERATOR (Generator Must Complete) ② Name ALUMINUM COMPANY OF AMERICA VERNON WORKS EPA NO. CAD074126681 Address 5151 Alcoa Ave. Phone No. 588-6141 City, State, Zip Vernon, CA 90058	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES, INC. EPA NO. CAD080012024 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA	④ Alternate TSD Facility SFUND RECORDS CTR 999000397 Name CHEMICAL WASTE MANAGEMENT INC. EPA NO. CAT000646117 Address P.O. BOX 1104, 430 W. ELM AVE. City, State, Zip COALINGA, CA 93210
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⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 47 & 48 LIST COMPONENTS:	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS Aluminum Fabrication																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>CONC. UPPER</th> <th>RANGE LOWER</th> <th>UNITS</th> </tr> </thead> <tbody> <tr> <td>⑨ A.</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>B.</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>C.</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> <tr> <td>D.</td> <td></td> <td></td> <td><input type="checkbox"/> % <input type="checkbox"/> ppm.</td> </tr> </tbody> </table>		CONC. UPPER	RANGE LOWER	UNITS	⑨ A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.		Non Hazardous Material 100 % ⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen ⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other WATER & OIL SLUDGE ⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other
	CONC. UPPER	RANGE LOWER	UNITS																			
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C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.																			
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.																			

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802	⑬ <i>Warren Thompson</i> Signature of Authorized Agent and Title	⑭ 5-2-81 Date Shipped
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TRANSPORTER (HAULER MUST COMPLETE) ⑮ NAME ASBURY OIL CO. EPA NO. CAD028277036 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249	⑯ <i>John W. Munk</i> Signature of Authorized Agent and Title	⑰ PICK-UP DATE 5-2-81 TIME 3:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 5-2-81 Date
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TSD FACILITY (FACILITY OPERATOR MUST COMPLETE) ⑱ NAME OPERATING IND EPA NO. CA7080012024 PHONE NO.	⑲ QUANTITY (If Measured) 100 DDL STATE FEE (If Any) 17.50	⑳ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer
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⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME EPA NO.	㉒ <i>W. H. Book</i> Signature of Authorized Agent and Title	㉓ 5-2-81 Date Accepted
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